

## Chapter 9 – Child and Adult Risk Assessments

### Child Risk Assessment

In order to monitor the health and safety of children, the TCM will visit and observe the child in the home, at least **twice a year**, and document this in the narrative using the “Risk Assessment” label. One time the Risk Assessment will be completed as a part of the Annual Assessment. The second Child Risk Assessment will be conducted **6 months** after the Annual Assessment and documented on the Risk Assessment tool.

### Adult Risk Assessment

In order to monitor the health and safety of adult consumers, the TCM will visit and observe the consumer in their home at least **once a year**. This Risk Assessment will be completed as part of the Annual Assessment. If circumstances warrant it, the TCM may complete an additional Risk Assessment during the year using the Risk Assessment tool.

## Risk Assessment Instructions

### Background Information

The DHS Risk Assessment was designed to provide a comprehensive picture of potential safety issues. The results should guide the Individual Care Plan (ICP) of each consumer in order to reduce the risk of harm. The overall goal of the Risk Assessment is to decrease risk areas through interventions, resources, and service activities.

The assessments were designed to be completed by skilled human service professionals. Clinical judgment is required when determining if consumer-specific examples can be helped through intervention. While each of the items within the risk assessment have been identified as predictors of safety issues, individual circumstances of consumers can either elevate or lower the seriousness of each of the predictors.

Questions with “R” in front of them are risk indicators. A “yes” means there is a potential for harm to the consumer. However, it is possible to have a “yes” on a Risk question but specific intervention is not necessary. For example, a consumer may have spent 2 nights in the hospital for removal of appendix. There is nothing that needs to go into the ICP to address this item. Clinical judgment comes into play here.

Risk questions are either “yes/no” or “3”, “2”, “1”, “0”. Items that are simply “yes” or “no” tend to be static indicators (meaning they are likely based on historical information that won’t change such as a seizure disorder, an allergy, etc.). Items with the 3 to 0 scoring are dynamic indicators (meaning they are likely to be able to change over time). A score of “3” or “2” is the equivalent of a “yes” and indicates a risk. By varying the scoring in this way, it is possible to measure change for the consumer from year to year. For example, a consumer could move from a 3 to a 2 in an area—while it is still a risk, the consumer has at least reduced the risk and continued intervention could continue to reduce it further. Instructions defining what the 3 to 0 signify are included in the header of each Risk Assessment Section.

"R"  
indicates a  
risk  
question

Example:  
  
 R2. Does the consumer have a diagnosis of any other serious medical conditions or other serious health concerns (i.e., diabetes, cerebral palsy, heart condition, etc.)? If yes, list all conditions/concerns:

Yes		No	
3	2	1	0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the  
appropriate  
box

Provide the details

### Additional Instructions

1. Use the comment section to note additional information, clarify information, or indicate how the issue will be (or is being addressed). If a risk is noted, provide the details and determine if the item needs to be addressed in the ICP.

Example:

Use for additional info	Comments:	# of Risks
	*Any risks that need to be addressed should be added to Crisis Plan on ICP.	

Only risks that require intervention need to be added to ICP

Add number of boxes checked under "yes" and record the number

2. For consumers who receive 100% of their care from a caretaker (parent, guardian, staff, etc.), score the item based on the quality of that care. Even though a consumer may not be independent in hygiene, it's not a risk just because the guardian does it for him. If the consumer can't do this and the caretaker didn't bother to do it either, then it would be a risk (scored as a "3" or a "2"). If the consumer's needs are fully met in this area by the caretaker, then it's not a risk (scored as "1" or "0").

Example:

R30. Is the consumer's health at risk due to poor hygiene?	Yes		No	
	3	2	1	0
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Check the appropriate box

**NAME:** \_\_\_\_\_  
First M.I. Last

**DATE OF THIS ASSESSMENT** \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICATION ERROR RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never				
R11. Has the consumer had problems with not taking or not receiving medications on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R12. Has the consumer had problems with taking or being given the incorrect number of medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R13. Has the consumer had problems with medications not being refilled on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R14. Have there been issues with medications not being re-evaluated timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R15. Has the consumer had significant side effects from medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R16. Has the consumer had significant medication changes in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R17. Has the consumer refused or spit out medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R18. Have there been problems with drug interactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R19. Has the consumer experienced health problems because of missing/refusing medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION ERROR RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never				
R20. Has the consumer misused prescription or over-the-counter medications (i.e., taken too many at once)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R21. Has the consumer taken another person's prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R22. Has the consumer used out-dated medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R23. Has the consumer used multiple pharmacies or multiple physicians in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			

ASSISTIVE DEVICES RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never				
R24. Is the consumer in need of assistance with adaptive equipment (need it purchased, need training, need repairs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R25. Would a power outage interfere with the consumer's necessary adaptive equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			

NUTRITION RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never				
R26. Is the consumer at risk of choking or other problems when eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R27. Is the consumer's health at risk due to poor nutrition (e.g.- eating disorder, refusal to eat, inability to afford nutritious food, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R28. Is the consumer (or the caretaker) ever non-compliant with the prescribed diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R29. Would the consumer's health be at risk if his or her diet is not strictly followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			

DAILY LIVING SKILLS RISK FACTORS	YES		NO	
	3	2	1	0
3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never				
R30. Is the consumer's health at risk due to poor hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R31. Is the consumer at risk for falling? In the past year has the consumer fractured a bone? If yes, how did this occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R32. Is the consumer at risk of being dropped or injured during transfer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			

MENTAL HEALTH/BEHAVIORAL/SUBSTANCE USE RISK FACTORS	YES		NO	
	3	2	1	0
3 = Within the last 6 months 2 = Within the last year 1 = more than 1 year ago 0 = Never				
R33. Has the consumer ingested foreign objects or been diagnosed with PICA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R34. Has alcohol use caused the consumer any problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R35. Has substance use caused the consumer any problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R36. Has the consumer engaged in self-injurious behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R37. Has the consumer left or attempted to leave home or other supervised activities without permission, or when it would be unsafe to do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R38. Has the consumer been aggressive toward others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R39. Has the consumer used weapons or objects to hurt self or others? (If 3 or 2, assure that referral has been made to a qualified mental health professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R40. Has the consumer threatened suicide or made suicidal gestures? (If 3 or 2, assure that referral has been made to a qualified mental health professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R41. Has the consumer attempted suicide? (If 3 or 2, assure that referral has been made to a qualified mental health professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R42. Has the consumer engaged in criminal behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R43. Has the consumer had a significant life change or event occur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R44. Does the consumer have a history of other life-threatening behaviors? Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			

HOUSING AND ENVIRONMENTAL SAFETY RISK FACTORS	Yes		No	
R45. Would this consumer's health be at risk if a paid provider or natural support person did not show up to provide scheduled services?	<input type="checkbox"/>		<input type="checkbox"/>	
R46. Is the consumer at risk at home because of any of these conditions:				
structural damage	<input type="checkbox"/>		<input type="checkbox"/>	
barriers to accessibility (steps, etc.)	<input type="checkbox"/>		<input type="checkbox"/>	
electrical hazards	<input type="checkbox"/>		<input type="checkbox"/>	
signs of careless smoking	<input type="checkbox"/>		<input type="checkbox"/>	
insects or pests	<input type="checkbox"/>		<input type="checkbox"/>	
poor lighting	<input type="checkbox"/>		<input type="checkbox"/>	
insufficient water or no hot water	<input type="checkbox"/>		<input type="checkbox"/>	
insufficient heat	<input type="checkbox"/>		<input type="checkbox"/>	
fire hazards	<input type="checkbox"/>		<input type="checkbox"/>	
tripping hazards	<input type="checkbox"/>		<input type="checkbox"/>	
unsanitary conditions	<input type="checkbox"/>		<input type="checkbox"/>	
R47. Does the consumer need to be supervised at all times?	<input type="checkbox"/>		<input type="checkbox"/>	
R48. Is the consumer without means of communication (no phone or PERS)?	<input type="checkbox"/>		<input type="checkbox"/>	
<b>For the following items use: 3 = Frequently 2 = Sometimes 1 = Rarely 0 = Never</b>				
R49. Is the consumer unable to respond to emergencies independently?	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
If consumer is never left alone, mark not applicable: <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSING AND ENVIRONMENTAL SAFETY RISK FACTORS	Yes		No	
R50. Is the consumer physically stronger than any of his/her caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R51. Does the consumer lack awareness of dangerous/emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R52. Does the consumer put him/herself in danger due to careless or risky behaviors (careless smoking, leaving doors unlocked, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R53. Is the consumer isolated (lack of transportation, lack of social network)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R54. Is the consumer's neighborhood unsafe (high risk of crime, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R55. Is the consumer at risk in the community due to unsafe behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			

ABUSE/NEGLECT RISK FACTORS	YES		NO	
	3	2	1	0
3 = Within the last 6 months 2 = Within the last year 1 = more than 1 year ago 0 = Never				
R56. Has the consumer been physically abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R57. Has the consumer been sexually abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R58. Has the consumer been emotionally or psychologically abused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R59. Is there evidence of neglect to the consumer by a caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R60. Is there evidence of neglect by the consumer (self neglect)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R61. Has the consumer been denied basic necessities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R62. Has the consumer witnessed abuse or neglect of another person, including domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R63. Would the consumer be an "easy target"?	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Comment on any risk factors marked as "Yes" and address the issue in the Crisis Intervention Plan.</b> Comments:	No. of risks:			